

FCC Form 472

Do not write in this space.

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0
hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Applicant Form Identifier (Create an identifier
for your own reference)
ATTINTERNET

FCC Form 472 Invoice #
(To be inserted by administrator) **2917399**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	HOLY CROSS JR-SR HIGH SCHOOL
2. Billed Entity Number	90856
3. Service Provider Identification Number (SPIN)	143001192
Applicant FCC Form 498 ID	443021452

4. Contact Name	DENNIS P DOOSE
5. Contact Telephone Number	210- 4347361 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$32,649.18

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL Billed Entity Number 90856
Contact Name DENNIS P DOOSE Contact Telephone Number 210-4347361
Applicant Form Identifier ATTINTERNET

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171045423	1799104727	MONTHLY	7/1/2017		\$36,276.87	90.00	\$32,649.18
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14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

\$32,649.18

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL

Billed Entity Number 90856

Contact Name DENNIS P DOOSE

Applicant Form Identifier ATTINTERNET

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by DENNIS P. DOOSE

16. Date 3/5/2019

17. Printed name of authorized person DENNIS P. DOOSE

18. Title or position of authorized person TECHNOLOGY DIRECTOR

19. Telephone number of authorized person 210- 4347361

20. Address of authorized person 426 N. SAN FELIPE AVE., SAN ANTONIO TX 78228-6244

FCC Form 472

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Approved by OMB
OMB Control No.3060 - 0856
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hours

Universal Service for Schools and Libraries

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Applicant Form Identifier (Create an identifier
for your own reference)
PRI

FCC Form 472 Invoice #
(To be inserted by administrator) **2917698**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	HOLY CROSS JR-SR HIGH SCHOOL
2. Billed Entity Number	90856
3. Service Provider Identification Number (SPIN)	143004662
Applicant FCC Form 498 ID	443021452

4. Contact Name	DENNIS P DOOSE
5. Contact Telephone Number	210- 4347361 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$2,223.90

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL Billed Entity Number 90856
Contact Name DENNIS P DOOSE Contact Telephone Number 210-4347361
Applicant Form Identifier PRI

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171045423	1799106146	MONTHLY	7/1/2017		\$7,413.00	30.00	\$2,223.90
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13								
14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6) **\$2,223.90**

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL

Billed Entity Number 90856

Contact Name DENNIS P DOOSE

Applicant Form Identifier PRI

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by DENNIS P. DOOSE

16. Date 3/6/2019

17. Printed name of authorized person DENNIS P. DOOSE

18. Title or position of authorized person TECHNOLOGY DIRECTOR

19. Telephone number of authorized person 210- 4347361

20. Address of authorized person 426 N. SAN FELIPE AVE., SAN ANTONIO TX 78228-6244

FCC Form 472

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Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0
hours

Universal Service for Schools and Libraries

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Applicant Form Identifier (Create an identifier
for your own reference)
POTS-BLC

FCC Form 472 Invoice #
(To be inserted by administrator) **2917700**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	HOLY CROSS JR-SR HIGH SCHOOL
2. Billed Entity Number	90856
3. Service Provider Identification Number (SPIN)	143004662
Applicant FCC Form 498 ID	443021452

4. Contact Name	DENNIS P DOOSE
5. Contact Telephone Number	210- 4347361 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$515.81

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL Billed Entity Number 90856
Contact Name DENNIS P DOOSE Contact Telephone Number 210-4347361
Applicant Form Identifier POTS-BLC

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171045423	1799106214	MONTHLY	7/1/2017		\$1,719.37	30.00	\$515.81
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14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

\$515.81

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL

Billed Entity Number 90856

Contact Name DENNIS P DOOSE

Applicant Form Identifier POTS-BLC

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

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- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by DENNIS P. DOOSE

16. Date 3/6/2019

17. Printed name of authorized person DENNIS P. DOOSE

18. Title or position of authorized person TECHNOLOGY DIRECTOR

19. Telephone number of authorized person 210- 4347361

20. Address of authorized person 426 N. SAN FELIPE AVE., SAN ANTONIO TX 78228-6244

FCC Form 472

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Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0
hours

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BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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Applicant Form Identifier (Create an identifier
for your own reference)
VERWIRELESS

FCC Form 472 Invoice #
(To be inserted by administrator) **2917398**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	HOLY CROSS JR-SR HIGH SCHOOL
2. Billed Entity Number	90856
3. Service Provider Identification Number (SPIN)	143000677
Applicant FCC Form 498 ID	443021452

4. Contact Name	DENNIS P DOOSE
5. Contact Telephone Number	210- 4347361 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$260.60

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL Billed Entity Number 90856
Contact Name DENNIS P DOOSE Contact Telephone Number 210-4347361
Applicant Form Identifier VERWIRELESS

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171045423	1799104134	MONTHLY	7/1/2017		\$868.66	30.00	\$260.60
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11								
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14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

\$260.60

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL

Billed Entity Number 90856

Contact Name DENNIS P DOOSE

Applicant Form Identifier VERWIRELESS

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15. Signature of authorized person Signed electronically by DENNIS P. DOOSE

16. Date 3/5/2019

17. Printed name of authorized person DENNIS P. DOOSE

18. Title or position of authorized person TECHNOLOGY DIRECTOR

19. Telephone number of authorized person 210- 4347361

20. Address of authorized person 426 N. SAN FELIPE AVE., SAN ANTONIO TX 78228-6244

FCC Form 472

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OMB Control No.3060 - 0856
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Applicant Form Identifier (Create an identifier
for your own reference)
LONGDISTANCE

FCC Form 472 Invoice #
(To be inserted by administrator) **2917696**

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	HOLY CROSS JR-SR HIGH SCHOOL
2. Billed Entity Number	90856
3. Service Provider Identification Number (SPIN)	143008823
Applicant FCC Form 498 ID	443021452

4. Contact Name	DENNIS P DOOSE
5. Contact Telephone Number	210- 4347361 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$134.32

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL Billed Entity Number 90856
Contact Name DENNIS P DOOSE Contact Telephone Number 210-4347361
Applicant Form Identifier LONGDISTANCE

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171045423	1799105782	MONTHLY	7/1/2017		\$447.73	30.00	\$134.32
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

\$134.32

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HOLY CROSS JR-SR HIGH SCHOOL

Billed Entity Number 90856

Contact Name DENNIS P DOOSE

Applicant Form Identifier LONGDISTANCE

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by DENNIS P. DOOSE

16. Date 3/6/2019

17. Printed name of authorized person DENNIS P. DOOSE

18. Title or position of authorized person TECHNOLOGY DIRECTOR

19. Telephone number of authorized person 210- 4347361

20. Address of authorized person 426 N. SAN FELIPE AVE., SAN ANTONIO TX 78228-6244